


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N24322**  
 1. Entity Name  
**KENDALL FALLS CONDOMINIUM ASSOCIATION INC.**



**FILED**  
 08 AUG -1 PH 3:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 13358 SW 128 STREET  
 MIAMI, FL 33186 US

Mailing Address  
 13358 SW 128 STREET  
 MIAMI, FL 33186 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



**REINSTATEMENT 07-08**

4. FEI Number  
**65-0167930**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**PADRON, JOSEPH R**  
 13358 SW 128 ST  
 MIAMI, FL 33186

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. Padron*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$297.50** Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ, JESUS 13892 SW 65 TERR MIAMI, FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARCIA, LIUDIS 13900 SW 65 TERR MIAMI, FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM CALIS, RAUL 13951 SW-65 TERR MIAMI, FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. P. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gonzalez, Adrian E. 13904 SW 65 TERR MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rebecca Garcia A. (JP) 13904 SW 65+R. MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 7/15/08  3/345-3674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*8/1/08*